

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:)	Chapter 11 (Subchapter V)
)	
MEATHEAD RESTAURANTS,)	Case No. 21-04731
LLC,)	
)	Hon. Timothy A. Barnes
Debtor.)	
)	

**GLOBAL NOTES TO DEBTOR'S SCHEDULES OF ASSETS AND LIABILITIES AND
STATEMENTS OF FINANCIAL AFFAIRS**

The above-captioned debtor and debtor in possession (the "Debtor"), in the above-styled case (the "Case") submits its schedule of assets and liabilities (the "Schedules") and its statement of financial affairs (the "SOFAs") pursuant to 11 U.S.C. § 521, and Rule 1007 of the Federal Rules of Bankruptcy Procedure.

1. The Debtor is one of two affiliated Debtors whose cases are being jointly administered under In re Crave Brands, LLC, Case No. 21-04731 pursuant to the Court's order dated April 13, 2021. Unless noted to the contrary herein, these Global Notes, the Schedules, and SOFAs filed in Case No. 21-04731 will relate to Meathead Restaurants, LLC only.

2. These global notes (the "Global Notes") regarding the Debtor's Schedules and SOFAS comprise an integral part of the Schedules and SOFAS filed by the Debtor, and should be referenced in connection with any review of the Schedules and SOFAS.

3. The Schedules and SOFAS are unaudited and were prepared with data available to the Debtor as near as possible to April 9, 2021, the date of commencement of the Debtor's chapter 11 cases (the "Petition Date"). Although the Debtor's management made every reasonable effort to ensure that the Schedules and SOFAS are accurate and complete based on information that was available to them at the time of preparation, there may be prepetition invoices that were unavailable at the time the Schedules and SOFAS were prepared. Nothing contained in the Schedules and SOFAS shall constitute, or be deemed, a waiver of any rights, claims or defenses of the Debtor against any third party, or with respect to any aspect of the Case or any related litigation or arbitration. Nothing contained in the Schedules and SOFAS is intended or should be construed as an admission or stipulation of the validity of any claim against the Debtor, or as a waiver of the Debtor's rights to dispute any claim or assert any cause of action or defense against any party, and the Debtor reserves all rights to dispute or challenge the characterization of the structure of any transaction or any document or instrument related to a creditor's claim.

4. The Schedules and SOFAS do not purport to represent financial statements prepared in accordance with GAAP. The preparation of the Schedules and SOFAS required the Debtor to make estimates and assumptions with respect to the reported amounts of assets and liabilities, the amount of contingent assets and contingent liabilities, and the reported amounts of any revenues and expenses during the applicable reporting periods. Actual results could differ from the Debtor's estimates. The numbers listed on Schedule B for office furniture, equipment, and leasehold improvement does not reflect all accumulated depreciation.

5. Any failure to designate a claim on the Debtor Schedules and/or SOFAS as "disputed," "contingent" or "unliquidated" does not constitute an admission by the Debtor that such claim is not "disputed," "contingent" or "unliquidated." The Debtor's reserve the right to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules and SOFAS as to amount, liability, priority, secured or unsecured status, or classification, or to otherwise designate any claim as "disputed," "contingent" or "unliquidated" by filing and serving an appropriate amendment.

6. Unless otherwise indicated, the valuation of the Debtor's assets on the Schedules reflects the net book values as of December 27, 2020, the close of the Debtor's most recent fiscal year. The cash on hand disclosed on Schedule B represents the Debtor's best estimate of the cash in the various restaurants as of the beginning of the business day on April 9, 2021. The cash in the Debtor's bank accounts reflects the cash in such accounts as of the beginning of the day on April 12, 2021, the first banking day after the filing of the Case.

7. Despite reasonable efforts, the Debtor may not have identified and/or set forth all causes of action against third parties in their Schedules and SOFAS. The Debtor reserve any and all rights with respect to any causes of action they may have, and neither these Global Notes nor the Schedules and SOFAS shall be deemed a waiver of any such causes of action, nor may they be used in any litigation in these, or related to these, chapter 11 cases.

8. These Global Notes are in addition to any specific notes set forth in the Schedules, SOFAS and/or herein.

9. All totals that are included in the Schedules and SOFAS represent totals of the liquidated amounts for the individual Schedule and/or SOFA entry for which they are listed. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total. The description of an amount as "unknown," "TBD," or "undetermined" is not intended to reflect upon the materiality of such amount.

10. Although the Debtor may have scheduled claims of various creditors as secured claims on Schedule D, except as otherwise agreed pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court, the Debtor reserves the right to dispute or challenge the secured nature or the validity of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument related to such creditor's claim. The descriptions provided in Schedule D are intended only to be a summary. Without limiting the foregoing, the inclusion on Schedule D of creditors that have asserted liens of any nature is not intended to be an acknowledgement of the validity, extent, or priority of any such liens, and the Debtor reserves its rights to challenge such liens and the underlying claims on any

ground whatsoever, except as otherwise agreed pursuant to a stipulation, agreed order, or general order entered by the Bankruptcy Court

11. Schedule E does not include (i) priority employee claims that were paid pursuant to the *Order Granting Debtor Motion for an Order Authorizing Debtor to Pay Pre-Petition Wages and Employee Benefits* [Docket No. 35]; and (ii) priority tax claims that were paid pursuant to the *Order Granting Debtor Motion for An Order Authorizing Debtor to Pay Certain Prepetition Taxes* [Docket No. 36]. The amount of the State of Illinois' deferred sales tax obligation listed on Schedule E is as of the Petition Date, but the Debtor received permission from the court to continuing paying weekly installments of \$4,971.01 on such obligation [Docket No. 35]

12. In addition, the Schedule F does not list the prepetition customer obligations of the sort described in the Order Granting Debtor Motion for An Order Authorizing Debtor to (A) Honor Prepetition Gift Cards and (B) Continue Customer Loyalty Programs [Docket No. 37].

13. The liabilities identified in Schedule F are derived from the Debtor books and records. The dollar amounts listed in Schedule F may be exclusive of contingent and unliquidated amounts. All parties to executory contracts and unexpired leases, including those listed on Schedule G, are holders of contingent and unliquidated unsecured claims arising from (i) obligations under those executory contracts and unexpired leases and/or (ii) rejection damages in the event that any such executory contracts and unexpired leases are rejected.

14. The contracts, agreements, and leases listed on Schedule G may have expired or may have been modified, amended, and supplemented from time to time by various amendments, restatement, waivers, estoppel certificates, letter and other documents, instruments, and agreements which may not be listed therein. Where the Debtor may be party to an agreement that has expired by its terms, but where all parties thereto continue to operate under the agreement, out of an abundance of caution the Debtor may have listed such agreement on Schedule G. The Debtor's inclusion of such contracts or agreements on Schedule G is not an admission that any such contract or agreement is an executory contract or unexpired lease. In particular, and without limiting the generality of the foregoing, the Debtor believes the Kitchen Services Agreement with 846 W. Superior Street CHI, LLC expired before the Petition Date.

15. Steve Karfaridis has executed the Declarations concerning the SOFAS and Schedules solely in his capacity as Manager of Debtor.

16. The Debtor specifically reserves the right to amend, modify, supplement, correct, change, or alter any part of their Schedules, SOFAS and Global Notes as and to the extent necessary and as they deem appropriate.

Dated: April 23, 2021

Respectfully submitted,

Meathead Restaurants, LLC, debtor and debtor-in-possession,

By: /s/ David A. Warfield

David A. Warfield (MO-34288)

One US Bank Plaza – Suite 2700

St. Louis, Missouri 63101

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Facsimile: (314) 552-7000

dwarfield@thompsoncoburn.com

Proposed Attorneys for the Debtor

Fill in this information to identify the case:

Debtor name **Meathead Restaurants, LLC**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**Case number (if known) **21-04731**☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$15,150.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Fifth Third Bank as of 4/9/21

Checking

7538

\$88,156.00

3.2. Chase Bank as of 4/9/21

Deposit

7919

\$1,443,188.00

4. Other cash equivalents (Identify all)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,546,494.00**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. Utility deposits with City of Naperville and Nicor

\$5,444.10

Debtor **Meathead Restaurants, LLC**
Name

Case number (If known) **21-04731**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
Description, including name of holder of prepayment

8.1. **Prepaid expenses, including general liability insurance and rent** **\$52,217.42**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$57,661.52

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: **21,133.08** - **0.00** = **\$21,133.08**
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$21,133.08

Part 4: Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Food and supply inventory at restaurants on 4/9/21		\$0.00		\$105,862.01

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$105,862.01

24. **Is any of the property listed in Part 5 perishable?**

☐ No

Debtor **Meathead Restaurants, LLC**

Name

Case number (If known) **21-04731**

☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

☒ Yes. Book value **0.00** Valuation method Current Value **0.00**

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture furniture, fixtures, office and computer equipment. (does not reflect all accumulated depreciation)	Unknown		\$1,080,825.33

40. Office fixtures

41. Office equipment, including all computer equipment and communication systems equipment and software

42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$1,080,825.33

44. Is a depreciation schedule available for any of the property listed in Part 7?

☐ No

☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

Debtor Meathead Restaurants, LLC Case number (If known) 21-04731
Name

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**
48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*
49. **Aircraft and accessories**
50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment) restaurant equipment (does not reflect all accumulated depreciation)** \$0.00 \$172,716.00

51. **Total of Part 8.** \$172,716.00
Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Aggregate book value of leasehold improvements (does not reflect all accumulated depreciation)		<u>\$0.00</u>		<u>\$1,833,904.88</u>

56. **Total of Part 9.** \$1,833,904.88
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**
☐ No
☒ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

Debtor **Meathead Restaurants, LLC**
Name

Case number (if known) **21-04731**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets Patents	\$56,368.69		\$56,368.69
61.	Internet domain names and websites www.meatheadsburgers.com	\$0.00		\$0.00
62.	Licenses, franchises, and royalties			
63.	Customer lists, mailing lists, or other compilations			
64.	Other intangibles, or intellectual property			
65.	Goodwill NBV Goodwill	\$3,305,451.00		\$3,305,451.00

66. **Total of Part 10.**
Add lines 60 through 65. Copy the total to line 89.

\$3,361,819.69

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?
☐ No
☒ Yes
68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**
☐ No
☒ Yes
69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**
☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**
Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Debtor **Meathead Restaurants, LLC**

Name

Case number (If known) **21-04731**

Description (for example, federal, state, local)

Debtor expects to receive an Employee Retention Credit of approximately \$700,000.

Tax year

\$700,000.00

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$700,000.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **Meathead Restaurants, LLC**
Name

Case number (If known) **21-04731**

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,546,494.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$57,661.52	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$21,133.08	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$105,862.01	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$1,080,825.33	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$172,716.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$1,833,904.88
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$3,361,819.69	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$700,000.00	
91. Total. Add lines 80 through 90 for each column	\$7,046,511.63	+ 91b. \$1,833,904.88
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$8,880,416.51

Fill in this information to identify the case:

Debtor name **Meathead Restaurants, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) **21-04731**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
2.1	LQD Financial Corp. Creditor's Name 370 North Carpenter Street Chicago, IL 60607 Creditor's mailing address Creditor's email address, if known Date debt was incurred 2/22/2019 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Collateral as defined in Loan Agreement, as amended Describe the lien Loan Agreement Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,650,000.00 \$21,133.08

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$6,650,000.00
0

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
William J. Factor 105 Madison Street Suite 1500 Chicago, IL 60602	Line 2.1	

Fill in this information to identify the case:

Debtor name **Meathead Restaurants, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) **21-04731**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	<p>Priority creditor's name and mailing address</p> <p>City of Champaign Sales Tax Finance Department-Annette 102 N. Neil Champaign, IL 61820</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>sales tax paid per Tax Order</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00
2.2	<p>Priority creditor's name and mailing address</p> <p>City of Chicago Sales Tax 22149 Network Place Chicago, IL 60673-1221</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>sales tax paid per Tax Order</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	\$0.00	\$0.00

Debtor	Name	Case number (if known)		
	Meathead Restaurants, LLC	21-04731		
2.3	Priority creditor's name and mailing address City of Naperville Sales Tax Finance Dept of Food & Beverage Tax 400 S. Eagle St. Naperville, IL 60540 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sales tax paid per Tax Order <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.4	Priority creditor's name and mailing address Illinois Department of Revenue Springfield, IL 62726 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: deferred sales tax amounts. Weekly payments to continue per Tax Order. <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$34,239.36	\$34,239.36
2.5	Priority creditor's name and mailing address Indiana Department of Revenue P.O. Box 7229 Indianapolis, IN 46207 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: sales tax paid per Tax Order <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	\$0.00
2.6	Priority creditor's name and mailing address Michael Webb 444 W. Lake Street, Suite 1700 Chicago, IL 60606 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Deferred wages <hr/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57,731.15	\$13,650.00

Debtor	Meathead Restaurants, LLC Name	Case number (if known)	21-04731
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2.7	Priority creditor's name and mailing address Steve Karfaridis 633 W. North Avenue # 527 Chicago, IL 60610	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$52,731.16 \$13,650.00
Date or dates debt was incurred		Basis for the claim: Deferred Salary	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.8	Priority creditor's name and mailing address Village of Lake Bluff Finance Dept./Attn S. Griffin 40 E. Center Ave. Lake Bluff, IL 60044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: sales tax paid per Tax Order	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.9	Priority creditor's name and mailing address Village of Willowbrook Sales Tax Places for Eating Tax 7760 Quincy St. Willowbrook, IL 60527	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00 \$0.00
Date or dates debt was incurred		Basis for the claim: sales tax paid per Tax Order	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address Alarm Detection Systems 1111 Church Rd Aurora, IL 60505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,630.94
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3.2	Nonpriority creditor's name and mailing address Alpha Baking Company 36230 Treasury Center Chicago, IL 60694 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,602.39
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Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
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3.3	Nonpriority creditor's name and mailing address AlSCO 2641 S. Leavitt St. Chicago, IL 60608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,876.21
3.4	Nonpriority creditor's name and mailing address AlSCO-LSTL 315 Lynch St. Saint Louis, MO 63118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,187.06
3.5	Nonpriority creditor's name and mailing address American Crawlspace Corp. 11043 Lincoln Highway Frankfort, IL 60423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.73
3.6	Nonpriority creditor's name and mailing address American Pest Control 14003 W. Farmington Rd. Hanna City, IL 61536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.7	Nonpriority creditor's name and mailing address API Plumbing 3280 Oak Knoll Rd. Carpentersville, IL 60110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,450.00
3.8	Nonpriority creditor's name and mailing address Assured Solutions 489 Mission St. Carol Stream, IL 60188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,075.00
3.9	Nonpriority creditor's name and mailing address AT&T P.O. Box 5014 Carol Stream, IL 60197-5014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$174.52

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
--------	---	------------------------	-----------------

3.10	Nonpriority creditor's name and mailing address Automatic Icemakers P.O. Box 879 Marquette, MI 49855 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330.00
3.11	Nonpriority creditor's name and mailing address Bacon & Van Buskirk 801 S. Neil Champaign, IL 61820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.00
3.12	Nonpriority creditor's name and mailing address C150-II 701 S. Main LLC c/o Campus Advantage 709 S. Main St. Normal, IL 61761 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,312.36
3.13	Nonpriority creditor's name and mailing address Central Illinois Window Cleaning P.O. Box 966 Bloomington, IL 61702-0966 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$135.00
3.14	Nonpriority creditor's name and mailing address CH Retail Fund1/Chicago Lake Bluff Inwood National Bank P.O. Box 674409 Dallas, TX 75267-4409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,866.02
3.15	Nonpriority creditor's name and mailing address Champaign-Urbana Public Health Dist Environmental Health Division 201 W. Kenyon Rd. Champaign, IL 61820 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.16	Nonpriority creditor's name and mailing address City of Bloomington Water P.O. Box 801214 Kansas City, MO 64180-1214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.64

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
--------	---	------------------------	-----------------

3.17	Nonpriority creditor's name and mailing address Coca-Cola North America P.O. Box 102703 Atlanta, GA 30368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,146.43
3.18	Nonpriority creditor's name and mailing address Comed P.O. Box 6111 Carol Stream, IL 60197-6111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,253.20
3.19	Nonpriority creditor's name and mailing address Compeat, Inc. Attn: Paula Maggiore 11500 Alterra Pkwy, Suite 130 Austin, TX 78758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,965.60
3.20	Nonpriority creditor's name and mailing address Cozzini Bros., Inc. 350 Howard Ave. Des Plaines, IL 60018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.00
3.21	Nonpriority creditor's name and mailing address Culligan of Crystal Lake 380 Memorial Dr. Crystal Lake, IL 60014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.50
3.22	Nonpriority creditor's name and mailing address Dreamspace Munster, LLC c/o Lee & Associates, LLC 10123 Alliance Rd., Suite 300 Cincinnati, OH 45242 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,150.97
3.23	Nonpriority creditor's name and mailing address DTAT Enterprises Inc. Iroquis Federal 108 Arbours Dr. Savoy, IL 61874 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,528.86

Debtor	Meathead Restaurants, LLC <small>Name</small>		Case number (if known)	21-04731
--------	---	--	------------------------	-----------------

3.24	Nonpriority creditor's name and mailing address Dupage County Health Dept. 111 N. County Farm. Rd. Wheaton, IL 60187 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$875.00
3.25	Nonpriority creditor's name and mailing address Edelman 19440 E. 600 North Road Fairbury, IL 61739 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade Debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.76
3.26	Nonpriority creditor's name and mailing address Eichenhauer Services Inc. 2465 N. 22nd St Decatur, IL 62526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,520.13
3.27	Nonpriority creditor's name and mailing address Element Heating and Cooling P.O Box 72 Plainfield, IL 60544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,605.23
3.28	Nonpriority creditor's name and mailing address FE Moran Security Solutions 75 Remittance Dr. Dept. 1743 Chicago, IL 60675-1743 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$114.00
3.29	Nonpriority creditor's name and mailing address Fifth Third Bank 222 S. Riverside Plaza 29th Floor Chicago, IL 60606 Date(s) debt was incurred <u>2020 and 2021</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP loans. Subject to forgiveness under loan program.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,438,840.50
3.30	Nonpriority creditor's name and mailing address Fox Valley Fire and Safety 2730 Pinnacle Dr. Elgin, IL 60124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$139.50

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
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3.31	Nonpriority creditor's name and mailing address FW IL-Riverview Plaza, LLC Roscoe Square Shopping Center 3043 Solutions Center Chicago, IL 60677 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,144.63
3.32	Nonpriority creditor's name and mailing address Getz Fire Equipment P.O. Box 419 Peoria, IL 61651 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$594.40
3.33	Nonpriority creditor's name and mailing address IRC Retail Centers 75 Remittance Dr. Dept. 3128 Chicago, IL 60675-3128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,323.80
3.34	Nonpriority creditor's name and mailing address Lake County Treasurer 2293 North Main St. Crown Point, IN 46307 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,403.24
3.35	Nonpriority creditor's name and mailing address Landstrom Consulting, LLC 2105 Hackberry Rd. Bloomington, IL 61704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
3.36	Nonpriority creditor's name and mailing address Lederman San Rafael LLC c/o ACG Management Company P.O. Box 30379 Chicago, IL 60630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,867.63
3.37	Nonpriority creditor's name and mailing address Mahoney Environmental 37458 Eagle Way Chicago, IL 60678 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.00

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
--------	---	------------------------	-----------------

3.38	Nonpriority creditor's name and mailing address Marquis Beverage 1234 W. Cerro Gordo Decatur, IL 62522 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$107.00
3.39	Nonpriority creditor's name and mailing address Mattex Service Co., Inc. 402 S. Staley Rd. Champaign, IL 61822 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$127.49
3.40	Nonpriority creditor's name and mailing address MEPT Stony Creek, LLC c/o Hamilton Partners, Ins 300 Park Blvd., Suite 201 Itasca, IL 60143-2636 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21,086.91
3.41	Nonpriority creditor's name and mailing address Niche Marketing Group 4216 W. 87th St. - 2E Chicago, IL 60652 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43.04
3.42	Nonpriority creditor's name and mailing address Nicor Gas P.O. Box 5407 Carol Stream, IL 60197-5407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,409.37
3.43	Nonpriority creditor's name and mailing address NPN 360 P.O. Box 7066 Carol Stream, IL 60197-7066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,549.91
3.44	Nonpriority creditor's name and mailing address NuCo2 LLC P.O. Box 417902 Boston, MA 02241-7902 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,679.82

Debtor	Meathead Restaurants, LLC <small>Name</small>		Case number (if known) 21-04731
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3.45	Nonpriority creditor's name and mailing address PCM Technologies 1020 Lawrence Ave. W. Suite 206 Toronto, Canada, ON M6A 1C3 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,476.00
3.46	Nonpriority creditor's name and mailing address Pinpoint Maintenance Inc. P.O. Box 5603 Naperville, IL 60567 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.00
3.47	Nonpriority creditor's name and mailing address Reinhart 10051 McCue Dr. Bloomington, IL 61705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$781.00
3.48	Nonpriority creditor's name and mailing address Rose Pest Solutions 19W050 North Ave Lombard, IL 60148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76.00
3.49	Nonpriority creditor's name and mailing address Rose Pest Solutions 270 Larkin Dr. Suite A Wheeling, IL 60090 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$119.00
3.50	Nonpriority creditor's name and mailing address Rose Pest Solutions Chicago 1809 W North Ave. Chicago, IL 60622 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.51	Nonpriority creditor's name and mailing address Rose Pest Solutions Hammond 664 State St. Hammond, IN 46320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.00

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
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3.52	Nonpriority creditor's name and mailing address Shoes for Crews, LLC P.O. Box 734176 Chicago, IL 60673-4176 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$278.24
3.53	Nonpriority creditor's name and mailing address Shops at Flint Creek Propco, LLC 5215 Old Orchard Rd. Suite 880 Skokie, IL 60077 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,595.26
3.54	Nonpriority creditor's name and mailing address Square Toast Technologies 5332 King James Way Madison, WI 53719 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,825.00
3.55	Nonpriority creditor's name and mailing address Staples Business Advantage P.O. Box 660409 Dallas, TX 75266-0409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,138.04
3.56	Nonpriority creditor's name and mailing address The SafeDining Association P.O. Box 637 Downers Grove, IL 60515-0637 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.00
3.57	Nonpriority creditor's name and mailing address Village of Northbrook Attn: Finance Department 1225 Cedar Lane Northbrook, IL 60062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$235.00
3.58	Nonpriority creditor's name and mailing address Well Done Hospitality Group, LLC 430 W. Erie St. Suite 403 Chicago, IL 60654 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,000.00

Debtor	Meathead Restaurants, LLC <small>Name</small>	Case number (if known)	21-04731
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3.59	Nonpriority creditor's name and mailing address Willow Festival Regency LLC c/o Regency Centers-Willow Festival 1568 Solutions Center Chicago, IL 60677-1005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,951.39
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 144,701.67
5b. +	\$ 1,862,662.72
5c.	\$ 2,007,364.39

Fill in this information to identify the case:

Debtor name **Meathead Restaurants, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) **21-04731**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **MHR Chicago Cloud Kitchen River West License**

State the term remaining

List the contract number of any government contract

**846 W. Superior Street CHI LLC
777 S. Figueroa Street, Floor 41
Los Angeles, CA 90017**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Normal Lease**

State the term remaining

List the contract number of any government contract

**C150-II 709 S. Main LLC
c/o Campus Advantage
709 S. Main St.
Normal, IL 61761**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Lake Bluff Lease**

State the term remaining

List the contract number of any government contract

**CH Retail Fund1/Chicago Lake Bluff
Inwood National Bank
P.O. Box 674409
Dallas, TX 75267-4409**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Program Agreement**

State the term remaining

List the contract number of any government contract

**Coca-Cola Company
One Coca-Cola Plaza
Attn. Alexios Karabetos
Atlanta, GA 30313**

Debtor 1 **Meathead Restaurants, LLC**

First Name

Middle Name

Last Name

Case number (if known) **21-04731**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Munster Lease**

State the term remaining

List the contract number of any government contract

**Dreamspace Munster, LLC
c/o Lee & Associates, LLC
10123 Alliance Rd., Suite 300
Cincinnati, OH 45242**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Champaign Lease**

State the term remaining

List the contract number of any government contract

**DTAT Enterprises Inc.
Iroquis Federal
108 Arbours Dr.
Savoy, IL 61874**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Roscoe Village Lease**

State the term remaining

List the contract number of any government contract

**FW IL-Riverview Plaza, LLC
3043 Solutions Center
Chicago, IL 60677**

2.8. State what the contract or lease is for and the nature of the debtor's interest **POS equipment lease**

State the term remaining

List the contract number of any government contract

**GFC Leasing
P.O. Box 2290
Madison, WI 53701**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Distribution Agreement**

State the term remaining

List the contract number of any government contract

**Gordon Food Service, Inc.
10901 38th Street
Kenosha, WI 53144**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Frankfort Lease**

State the term remaining

List the contract number of any government contract

**IRC Retail Centers
75 Remittance Dr.
Dept. 3128
Chicago, IL 60675-3128**

Debtor 1 **Meathead Restaurants, LLC**

Case number (if known) **21-04731**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Bloomington Lease**

State the term remaining

List the contract number of any government contract

**Lederman San Rafael LLC
c/o ACG Management Company
P.O. Box 30379
Chicago, IL 60630**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Naperville Lease**

State the term remaining

List the contract number of any government contract

**MEPT Springbrook LLC
c/o Edgemark Asset Management
2215 York Road, Suite 503
Oak Brook, IL 60523**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Lake Bluff Lease**

State the term remaining

List the contract number of any government contract

**Oxford Real Estate Equities, LLC
2150 E. Lake Cook Road, Suite 320
Buffalo Grove, IL 60089**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Barrington Lease**

State the term remaining

List the contract number of any government contract

**Shops at Flint Creek Propco, LLC
5215 Old Orchard Rd., Suite 800
Skokie, IL 60077**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Oak Lawn Lease**

State the term remaining

List the contract number of any government contract

**Stony Creek LLC
c/o Hamilton Partners, Inc.
300 Park Boulevard, Suite 500
Itasca, IL 60143**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Merchange Agreement for customer programs**

**TapMango, Inc.
5775 Yonge Street, Suite 1801
Toronto, ON**

Debtor 1 **Meathead Restaurants, LLC**

First Name

Middle Name

Last Name

Case number (if known) **21-04731**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract

2.17. State what the contract or lease is for and the nature of the debtor's interest **Northbrook Lease**

State the term remaining

List the contract number of any government contract

**Willow Festival Regency LLC
c/o Regency Center-Willow Festival
1568 Solutions Center
Chicago, IL 60677-1005**

2.18. State what the contract or lease is for and the nature of the debtor's interest **Willowbrook Lease**

State the term remaining

List the contract number of any government contract

**Willowbrook Town Center LLC
c/o The Harlem Irving Companies Inc
4104 North Harlem Avenue
Harwood Heights, IL 60706**

Fill in this information to identify the case:

Debtor name **Meathead Restaurants, LLC**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) **21-04731**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Crave Brands, LLC**

**444 W. Lake St., 17th Floor
Chicago, IL 60606**

LQD Financial Corp.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.2 **KW Restaurants, LLC**

**633 W. North Avenue # 527
Chicago, IL 60610**

LQD Financial Corp.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.3 **Meathead Franchising, LLC**

**444 W Lake Street, 17th Floor
Chicago, IL 60606**

LQD Financial Corp.

☒ D **2.1**
☐ E/F _____
☐ G _____

2.4 **Steve Karfaridis**

**633 W. North Avenue # 527
Chicago, IL 60610**

LQD Financial Corp.

☒ D **2.1**
☐ E/F _____
☐ G _____